

<i>SERFF Tracking Number:</i>	<i>AMLX-125582839</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>American Alternative Insurance Corporation</i>	<i>State Tracking Number:</i>	<i>EFT \$50</i>
<i>Company Tracking Number:</i>	<i>GL AR0241401F01</i>		
<i>TOI:</i>	<i>17.2 Other Liability - Occurrence Only</i>	<i>Sub-TOI:</i>	<i>17.2001 Commercial General Liability</i>
<i>Product Name:</i>	<i>VFIS Emergency Service Organization Program</i>		
<i>Project Name/Number:</i>	<i>2008 VFIS GL Product Enhancements/GL AR0241401F01</i>		

Filing at a Glance

Company: American Alternative Insurance Corporation

Product Name: VFIS Emergency Service SERFF Tr Num: AMLX-125582839 State: Arkansas

Organization Program

TOI: 17.2 Other Liability - Occurrence Only SERFF Status: Closed

State Tr Num: EFT \$50

Sub-TOI: 17.2001 Commercial General Liability Co Tr Num: GL AR0241401F01

State Status: Fees verified and received

Filing Type: Form

Co Status:

Reviewer(s): Betty Montesi, Edith Roberts, Brittany Yielding

Author: SPI

Disposition Date: 03/28/2008

AmericanAlternativeInsurance

Date Submitted: 03/27/2008

Disposition Status: Approved

Effective Date Requested (New): 07/01/2008

Effective Date (New):

Effective Date Requested (Renewal):

Effective Date (Renewal):

State Filing Description:

General Information

Project Name: 2008 VFIS GL Product Enhancements

Status of Filing in Domicile:

Project Number: GL AR0241401F01

Domicile Status Comments:

Reference Organization:

Reference Number:

Reference Title:

Advisory Org. Circular:

Filing Status Changed: 03/28/2008

State Status Changed: 03/28/2008

Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

The purpose of this filing is to introduce endorsement VGL312, Amendment - Limits of Insurance. This endorsement amends the aggregate limit to no longer apply per Named Insured. It will be attached to all policies when the insured selects a \$10,000,000 aggregate limit.

The companion rate/rules are exempt from filing requirements.

SERFF Tracking Number: AMLX-125582839 State: Arkansas
Filing Company: American Alternative Insurance Corporation State Tracking Number: EFT \$50
Company Tracking Number: GL AR0241401F01
TOI: 17.2 Other Liability - Occurrence Only Sub-TOI: 17.2001 Commercial General Liability
Product Name: VFIS Emergency Service Organization Program
Project Name/Number: 2008 VFIS GL Product Enhancements/GL AR0241401F01

Company and Contact

Filing Contact Information

Beth MacDougall, Project Employee bmacdougall@munichreamerica.com
555 College Road East (215) 702-9828 [Phone]
Princeton, NJ 08543-5241 (609) 951-8285[FAX]

Filing Company Information

American Alternative Insurance Corporation CoCode: 19720 State of Domicile: Delaware
555 College Road East Group Code: 361 Company Type:
Princeton,, NJ 08543-5241 Group Name: Munich Re Group State ID Number:
(800) 305-4954 ext. [Phone] FEIN Number: 52-2048110

Filing Fees

Fee Required? Yes
Fee Amount: \$50.00
Retaliatory? No
Fee Explanation: E Check No. 1700000348
E Check Date 3-27-08
\$50
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
American Alternative Insurance Corporation	\$50.00	03/27/2008	19022300

SERFF Tracking Number:	AMLX-125582839	State:	Arkansas
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Company Tracking Number:	GL AR0241401F01		
TOI:	17.2 Other Liability - Occurrence Only	Sub-TOI:	17.2001 Commercial General Liability
Product Name:	VFIS Emergency Service Organization Program		
Project Name/Number:	2008 VFIS GL Product Enhancements/GL AR0241401F01		

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Edith Roberts	03/28/2008	03/28/2008

<i>SERFF Tracking Number:</i>	<i>AMLX-125582839</i>	<i>State:</i>	<i>Arkansas</i>
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<i>Product Name:</i>	<i>VFIS Emergency Service Organization Program</i>		
<i>Project Name/Number:</i>	<i>2008 VFIS GL Product Enhancements/GL AR0241401F01</i>		

Disposition

Disposition Date: 03/28/2008

Effective Date (New):

Effective Date (Renewal):

Status: Approved

Comment:

Rate data does NOT apply to filing.

<i>SERFF Tracking Number:</i>	<i>AMLX-125582839</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>American Alternative Insurance Corporation</i>	<i>State Tracking Number:</i>	<i>EFT \$50</i>
<i>Company Tracking Number:</i>	<i>GL AR0241401F01</i>		
<i>TOI:</i>	<i>17.2 Other Liability - Occurrence Only</i>	<i>Sub-TOI:</i>	<i>17.2001 Commercial General Liability</i>
<i>Product Name:</i>	<i>VFIS Emergency Service Organization Program</i>		
<i>Project Name/Number:</i>	<i>2008 VFIS GL Product Enhancements/GL AR0241401F01</i>		

Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Form	Amendment - Limits of Insurance	Approved	Yes

SERFF Tracking Number: AMLX-125582839 State: Arkansas

Filing Company: American Alternative Insurance Corporation State Tracking Number: EFT \$50

Company Tracking Number: GL AR0241401F01

TOI: 17.2 Other Liability - Occurrence Only Sub-TOI: 17.2001 Commercial General Liability

Product Name: VFIS Emergency Service Organization Program

Project Name/Number: 2008 VFIS GL Product Enhancements/GL AR0241401F01

Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	Amendment - Limits of Insurance	VGL312	(01/08)	Endorsement/Amendment/Conditions		0.00	VGL312.PDF

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

AMENDMENT – LIMITS OF INSURANCE

This endorsement modifies insurance provided under the following:

GENERAL LIABILITY COVERAGE PART

Paragraphs 2. and 3. of **SECTION III. LIMITS OF INSURANCE** are deleted and replaced by the following:

2. The General Aggregate Limit is the most we will pay for the sum of:
 - a. Medical expenses under **COVERAGE D**;
 - b. Damages under **COVERAGE A**, except damages because of "bodily injury" or "property damage" included in the "products-completed operations hazard";
 - c. Damages under **COVERAGE B**; and
 - d. Damages under **COVERAGE C**;for each "location" owned by or rented to you.
3. The Products - Completed Operations Aggregate Limit is the most we will pay under **COVERAGE A** for damages because of "bodily injury" and "property damage" included in the "products-completed operations hazard".

<i>SERFF Tracking Number:</i>	<i>AMLX-125582839</i>	<i>State:</i>	<i>Arkansas</i>
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<i>Project Name/Number:</i>	<i>2008 VFIS GL Product Enhancements/GL AR0241401F01</i>		

Rate Information

Rate data does NOT apply to filing.

SERFF Tracking Number: *AMLX-125582839* *State:* *Arkansas*
Filing Company: *American Alternative Insurance Corporation* *State Tracking Number:* *EFT \$50*
Company Tracking Number: *GL AR0241401F01*
TOI: *17.2 Other Liability - Occurrence Only* *Sub-TOI:* *17.2001 Commercial General Liability*
Product Name: *VFIS Emergency Service Organization Program*
Project Name/Number: *2008 VFIS GL Product Enhancements/GL AR0241401F01*

Supporting Document Schedules

Satisfied -Name:	Uniform Transmittal Document-Property & Casualty	Review Status:	Approved	03/28/2008
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Comments:

Attachments:

AR - NAIC P&C TRANSMITTAL DOCUMENT.PDF
AR - NAIC FORM FILING SCHEDULE.PDF

Property & Casualty Transmittal Document

1. Reserved for Insurance Dept. Use Only	2. Insurance Department Use only a. Date the filing is received: b. Analyst: c. Disposition: d. Date of disposition of the filing: e. Effective date of filing: <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;">New Business</div> <div style="width: 45%;"></div> </div> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;">Renewal Business</div> <div style="width: 45%;"></div> </div> f. State Filing #: g. SERFF Filing #: h. Subject Codes
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3.	Group Name	Group NAIC #
	Munich Re Group	0361

4.	Company Name(s)	Domicile	NAIC #	FEIN #	State #
	American Alternative Insurance Corporation	DE	19720	52-2048110	

5. Company Tracking Number	GL AR0241401F01
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Contact Info of Filer(s) or Corporate Officer(s) [include toll-free number]

6.	Name and address	Title	Telephone #s	FAX #	e-mail
	Beth MacDougall, CPCU 555 College Road East Princeton NJ 08543-5241	Project Employee	800-305-4954	609-951-8285	bmacdougall@munichre-america.com

7.	Signature of authorized filer	
8.	Please print name of authorized filer	Beth MacDougall, CPCU

Filing Information (see General Instructions for descriptions of these fields)

9.	Type of Insurance (TOI)	17.2 Other Liability - Occurrence Only
10.	Sub-Type of Insurance (Sub-TOI)	17.2001 Commercial General Liability
11.	State Specific Product code(s) (if applicable) [See State Specific Requirements]	-
12.	Company Program Title (Marketing Title)	VFIS Emergency Service Organization Program
13.	Filing Type	<input type="checkbox"/> Rate/Loss Cost <input type="checkbox"/> Rules <input type="checkbox"/> Rates/Rules <input checked="" type="checkbox"/> Forms <input type="checkbox"/> Combination Rates/Rules/Forms <input type="checkbox"/> Withdrawal <input type="checkbox"/> Other (give description)
14.	Effective Date(s) Requested	New: 7-1-08 Renewal: 7-1-08
15.	Reference Filing?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
16.	Reference Organization (if applicable)	NA
17.	Reference Organization # & Title	NA
18.	Company's Date of Filing	3-27-08
19.	Status of filing in domicile	<input type="checkbox"/> Not Filed <input checked="" type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved

Property & Casualty Transmittal Document

20.	This filing transmittal is part of Company Tracking #	GL AR0241401F01
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21.	Filing Description [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]
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The companion rate/rules are exempt from filing requirements.

22.	Filing Fees (Filer must provide check # and fee amount if applicable.) [If a state requires you to show how you calculated your filing fees, place that calculation below]				
<table style="width: 100%;"> <tr> <td style="width: 15%;">Check #:</td> <td>1700000348</td> </tr> <tr> <td>Amount:</td> <td>\$50</td> </tr> </table> <p style="margin-top: 20px;">eft.</p> <p style="margin-top: 40px;">Refer to each state's checklist for additional state specific requirements or instructions on calculating fees.</p>		Check #:	1700000348	Amount:	\$50
Check #:	1700000348				
Amount:	\$50				

***Refer to each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)

FORM FILING SCHEDULE

(This form must be provided ONLY when making a filing that includes forms)
 (Do not refer to the body of the filing for the forms listing, unless allowed by state.)

1.	This filing transmittal is part of Company Tracking #	GL AR0241401F01
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2.	This filing corresponds to rate/rule filing number (Company tracking number of rate/rule filing, if applicable)	
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3.	Form Name /Description/Synopsis	Form # Include edition date	Replacement Or Withdrawn?	If replacement, give form # it replaces	Previous state filing number, if required by state
01	Amendment - Limits of Insurance	VGL312 (01/08)	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
02			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
03			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
04			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
05			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
06			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
07			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
08			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
09			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
10			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
11			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		